



## Mother's Day Out Application

Child's Name:		M ___ F ___
Birth Date:	Age on Sept. 1:	
Home Address:		Zip:
City:	Home Phone:	
Mom's Name:	Dad's Name	
Mom's cell:	Dad's cell:	
Mom's work number:	Dad's work number:	
Mom's email:	Dad's email:	
Special Needs/Allergies:		(CONTINUE ON BACK)
Church:		
<i>Please indicate the program(s) you are interested in: (Mark all that apply)</i>		
TUESDAY & THURSDAY	<input type="checkbox"/> 9:00-12:00 <input type="checkbox"/> 12:00-2:00 <input type="checkbox"/> 2:00 -3:30 Extended care limited spaces available (\$45 per month additional)	
TUESDAY ONLY	<input type="checkbox"/> 9:00-2:00	
THURSDAY ONLY	<input type="checkbox"/> 9:00-2:00	

*Please list anyone who you will allow to pick up your child from MAMDO. This list will be used in an emergency if you cannot be reached. A driver's license will be needed in order to release your child.*

Name:	Phone:
Name:	Phone:

**Medical Release:**

In case of emergency, I give my permission for Mosaic Academy Mother's Day Out to seek medical attention for my child \_\_\_\_\_. In the event that hospital care is required, I prefer that treatment be sought at: \_\_\_\_\_ . Every effort will be made to locate parents or emergency persons before any action is taken.

X

PARENT SIGNATURE

**Office Use Only:**

\$90 Supply Fee  
\$30 JAN FEE